## COUNTY OF BUCKS CONTROLLER

55 Court Street, PA 18974 Phone: 215-348-6435 Fax: 215-348-6107

## Controller's Office Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

Date of Request:		Submitted via:			scounty.org
PERSON MAKING REQUI	EST:				
Name:	Company (if applicable):				
Mailing Address:					
City:	State:	_ Zip: F	Email:		
Telephone:		Fax: _			
How do you prefer to be c	ontacted if the ag	ency has questions?	☐ Telephone	□ Email	☐ U.S. Mail
RECORDS REQUESTED: matter, time frame, and type are not required to explain will Use additional pages if necess	of record or party thy the records are so cary.	names. RTKL requests s	should seek records	rds, not ask unless othe	questions. Requesters erwise required by law.
DO YOU WANT COPIES?	☐ Yes, printed o		e are checked)		
	=	inspection of record	=		t copies later)
Do you want <u>certified copi</u> RTKL requests may require  Please notify me if fees a	e payment or prep	ayment of fees. See th	ne <u>Official RTKL</u>	Fee Sched	•
Please notify me if fees associated with this request will be more than $\square$ \$100 (or) $\square$ \$  ITEMS BELOW THIS LINE FOR AGENCY USE ONLY					
Tracking:	_ Date Received:	Re	esponse Due (5	bus. days	):
30-Day Ext.? ☐ Yes ☐ No					
Request was: ☐ Granted					
☐ Appropriate third parti					
			•	_	